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Case presentation

Adnexal polyp in a newborn baby

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Abstract

Birthmarks can frequently be seen in newborn babies, but their etiopathogenesis is often unclear. These lesions can be divided into three groups: vascular birthmarks, pigmented birthmarks, and birthmarks resulting in abnormal development. Some birthmarks may require further analysis and clinical follow-up in order to rule out underlying defects, malignant potential, or correlation with syndromic diseases.

Presented here is the case of a newborn baby with two simultaneous birthmarks: an adnexal polyp and a nevus anemicus. Adnexal polyps are considered an uncommon clinical observation [1].

Keywords: adnexal polyp, nevus anemicus, birthmark

Case synopsis

The patient was a male born of a vaginal delivery, after an uneventful pregnancy. The parents were otherwise healthy, without relevant cutaneous lesions. The newborn baby was in good health and of normal weight. He had two congenital nevi (Figure 1).

The first skin lesion was a small, flesh colored, pedunculated papule of a few millimetres, near the left periareolar region (Figure 2). We examined the pedunculated papule with using a slight torsion that produced a little bleeding. The histopathological exam revealed, under a normal epidermis, the presence of well developed eccrine, apocrine, and sebaceous glands and a hair follicle (Figure 3). The diagnosis was of an adnexal polyp.



Figure 1. The two congenital skin birthmarks: nevus anemicus and adnexal polyp

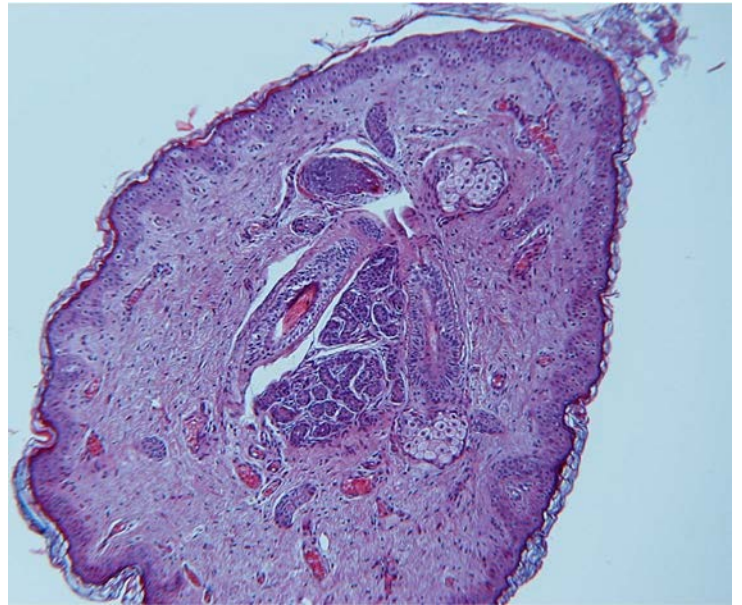
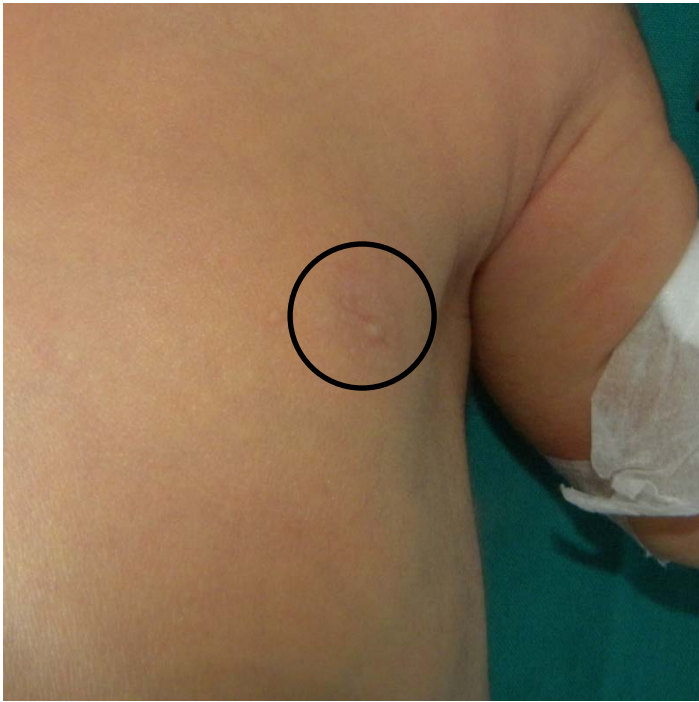


Figure 2. Flesh colored, pedunculated papule of a few millimetres. **Figure 3.** Well developed eccrine glands, apocrine and sebaceous glands and a hair follicle (EE)

On the controlateral mammary region hypopigmented, irregular, mottled macules could be seen. Upon rubbing the area, a reactive erythema was provoked in the surrounding skin, whereas the hypopigmented macules remained pale (Figure 4). This is characteristic for nevus anemicus.

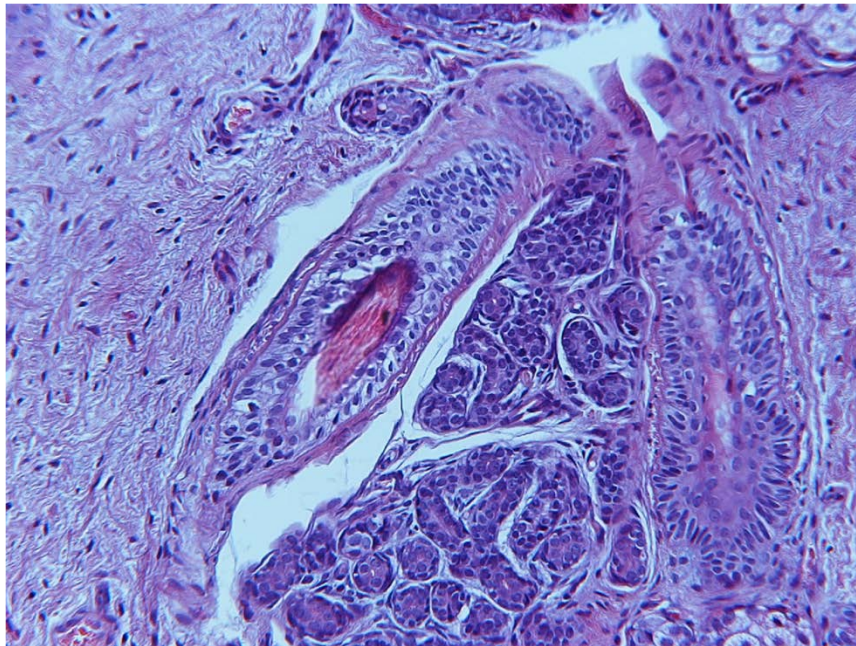


Figure 4. High magnification of hair follicle and eccrine gland (EE)

Discussion

Adnexal polyps, first reported by Hidano and Kobayashi in 1975 [2], are rarely described in the literature. The mammary region is the most involved area of skin, but other skin regions such as scrotum, labium majus, cheeks, and arms may be involved. This tumor generally falls off spontaneously a few days after birth, without scarring. Interestingly, in there are cases in the literature showing a 2-year persistence [3,4]. The typical histological findings observed in an adnexal polyp are the presence, under a normal epidermis, of adnexal elements, and sometimes vestigial or involutinal infundibulo-follicular cysts [5]. Differentiation from supernumerary nipples or follicular nevus is straightforward. In a Japanese study [6], the prevalence of adnexal polyps in newborn babies was 4%, whereas in the Czech Republic the figure was only 0.7% [7]. Considering other large studies regarding newborn transitional skin disorders or birthmarks, adnexal polyps have not been reported [8] or are extremely rare [9]. Adnexal polyps are commonly interpreted as organoid hamartomas of syringo-pilosebaceous origin and they are not associated with syndromes or other diseases [2].

Nevus anemicus is a congenital skin disorder that is not generally mentioned in skin clinical records. This may relate to the fact that nevus anemicus is fully evident only after rubbing. Nevus anemicus is a congenital capillary malformation caused by a sustained vasoconstriction induced by a locally increased reactivity to catecholamines of the alpha-adrenergic receptor sites of papillary dermal blood vessels [10].

This malformation may be observed associated with certain genodermatoses including the group of phakomatosis pigmentovascularis [11]. More recently, authors have speculated that nevus anemicus may constitute a new clinical diagnostic criterion for childhood neurofibromatosis type-1 [12].

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